Substitute for form 1449/PTO				Complete if Known		
(Revised 07/2007)			Application Number	10/510,368		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)			STIDE	Filing Date	October 19, 2004	
				First Named Inventor	Philippe Lefere	
				Art Unit	3768	
				Examiner Name	K.L. Fernandez	
Sheet	1	of	1	Attorney Docket Number	048777/283575	

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OTHER DOCUMENTS				
Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached	
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Examiner	/Katherine Fernandez/	Date	10/07/2008
Signature		Considered	

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